## 11706c662349

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



700319478597

THE OF IT IS PH 2: 16

10/16/18 00

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

,i

ACCOUNT NO. : I20000000195

REFERENCE : 419199 8143274

AUTHORIZATION : Full black and of the control of the co

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l.	Na	ime of the limited liability company:	THE NICKEL RID	DE, LLC			····-	
2	(2)	2401 First St			2401 Fi	rst St		
	(/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 2401 First St  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
		Ste 260	<del></del>	_	Ste 260			
		Fort Myers	FL33901	_	Fort Myer	rs, FL 33901		
		03/17/2017			L1700006	52349		
3.		Date of filing/registration i	n Florida	4.		Document number		
5.	(a)	Ciccarello, David Esq				_		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		1422 Hendry St						
		Registered Office Address (MUST BE	-					
		Fort Myers	FI	33901	-	•	·- i	
	(b)	· or myers	, , , , , , , , , , , , , , , , , ,	30301		-		
		Corporation Service Company					- 1	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:	_	<u></u>	1 .~ 4
							_>	7 4 1
		1201 Hays Street				-	Ó.	أمسره *
		NEW Registered Office Address:					ن ا	
						-		
		Tallahassee	, FL_	32301		-		
the age was the	cha ent v s/wo arti	imited liability company is not organinge or changes are made, the Floridavill be identical. Or, in the case of a cre authorized by an affirmative vote cless of organization or the operating turn of a member or authorized representative by accept the appointment as register ions of all statutes relative to the pro-	a street address of the Florida limited lial of the members of agreement of the least of a member and agreed agent and agreed agent and agreed.	the regist bility con the limi imited li Judal	tered office mpany, it is ted liability ability con h Longgrea in this cape	e and the business of shereby confirmed to y company or as other pany.  Printed or typed name of acity. I further agree	ffice of the	e registered hange(s) ovided in
the to no	obl mere tifjer	ions of all statutes relative to the pro- igations of my position as registered ely reflect a change in the registered Lin writing of this change.	t agent as provided Toffice address, I h	för in C ereby co			cument is company	heing filéd has been
Sig	gnatu	re of Registered Agent Corporation Se	ervice Company	BY:		nne Turner ce President		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00